2009

NONRESIDENT IOWA SPECIAL TURKEY LICENSE FOR SEVERELY DISABLED OR TERMINALLY ILL YOUTH

IOWA DNR
WALLACE STATE OFFICE BUILDING
DES MOINES, IOWA 50319-0034
515.281.5918
WWW.IOWADNR.GOV

Nonresident persons who are severely disabled or terminally ill and who are 21 years old or younger at the date of license purchase may obtain a paid turkey hunting license.

HOW TO APPLY FOR A LICENSE

- ♦ Read the "Definitions of Severely Disabled, Terminally III and Attending Physician" on reverse side to determine if you qualify.
 - ♦ Fill out the Hunter Form on the reverse side.
 - ♦ Have a physician complete the "Physician's

Certification" form on the reverse side.

- ◆ Application and full payment must be received by the DNR at least 21 days prior to the date of the hunt.
- ♦ Mail or fax the Hunter Form and Physician's Certification to: Licensing Section, Iowa DNR, 502 E. 9th St., Des Moines, IA 50319. The fax number is (515) 281-6794.
- ◆ Payment may be made by check or money order made out to 'lowa DNR' and mailed with the forms, or if forms are faxed, payment may be made by credit card after forms are received by DNR. Indicate on form the number for DNR to call to obtain credit card information

CHOICE OF SEASON

Season 1	April 13-16
Season 2	April 17-21
Season 3	April 22-28
Season 4	April 29-May17

^{*}You must pick one of the seasons and enter it on the Hunter Form.

RESTRICTIONS

During the hunt an accompanying adult must be within arm's reach of the licensee. The licensee is not required to complete the hunter safety program if the accompanying person is at least 18 years of age and is qualified to hunt and has a valid hunting license.

LICENSE REQUIREMENTS

Successful applicants will receive a turkey license, valid state-wide.

In addition to purchasing the nonresident turkey license, nonresidents must have a valid nonresident hunting license and pay the habitat fee to hunt turkey.

LICENSE FEES

Nonresident Turkey License	\$100.50
Nonresident Hunting License (18 and older)	\$80.50
Nonresident Hunting License (under age 18)	\$30.50
Habitat Fee	\$11.50

ADDITIONAL REGULATIONS

For additional information see the **2008/09 lowa Hunting and Trapping Regulations**, available through the DNR or any lowa license vendor. They are also available on the DNR's website at **www.iowadnr.gov** (click on "Hunting & Wildlife") or by contacting the DNR at 515-281-5918.

LEGAL WEAPONS

Legal weapons include: Archery and 10-, 12-, 16- and 20-gauge shotguns or muzzleloading shotguns shooting number 4, 5, 6, 7 1/2 or 8 lead or nontoxic shot. Number 2 or 3 nontoxic shot may also be used. Hunters may not have shot sizes other than those listed above on their person wile hunting turkeys. Muzzleloading rifles may not be used to hunt turkeys. A physically disabled person incapable of shooting a bow may obtain a permit from the DNR to use a crossbow to hunt deer. A separate application for a crossbow permit is available at **www.iowadnr.gov**, and requires an additional Physician's Certification.

PUBLIC RECORD

After the license has been issued, the names and towns of those receiving them will become part of the Natural Resource Commission official public record.

DEFINITIONS OF SEVERELY DISABLED, TERMINALLY ILL AND ATTENDING PHYSICIAN

- ♦ Severely Disabled: A physical impairment that substantially limits one or more of the major life activities, and that requires the assistance of another to hunt, harvest, retrieve, and possess a deer in compliance with state regulations. Major life activities include functions such as caring for one's self, performing manual tasks, walking, seeing, and breathing.
- ♦ Terminally III: Diagnosed by attending physician with a life-threatening medical condition -- i.e. a progressive degenerative or malignant condition that has placed the youth's life in jeopardy.
- ♦ Attending Physician: Must be either a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

2009 Turkey Hunting License Affidavit for Severely Disabled or Terminally Ill Nonresident Youth Hunters -- Hunter Form (Please type or print clearly) --

	Hunter FC	IIII (Flease ty	pe or print ciea	111y) 			
Name:		Cho	oice of Season:				
Address:							
City:	State	e:	Zip:	County:			
Telephone Number:	Hun	Hunter Safety Certificate number, if needed:					
DOB:	Height:	Wei	ght:	Eyes:	Sex:		
IDNR Customer Number of	Social Security number*	:					
If payment by credit card, p	rovide name and telephor	ne number for cr	edit card inform	mation:			
*The Iowa Department of Natur recreational license under section identification number to determ Collection Unit to establish, mod	on 252J.8 of the Code of Iowa (ine your eligibility for licenses	and 42 U.S. Code (s. It will be provide	566(a)(13). Your s d to law enforcen	ocial security number will nent agencies and the Iowa	serve as your principle		
I, Drapplicant and declare that	do h		at I am the at	tending physician of t	he above-named		
Physician Name (print plea	se):						
Address:	<i>'</i>						
City:			_	_			
,		•		Patient	terminally ill		
SIGNATURE OF PHYSIC	CIAN:			Patient	severely disabled		